NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMITTEE NAME/ADDRESS (Include Facility Name/Location if

NAME: ST. MARIES, CITYOF ADDRESS: 602 COLLEGE AVE.

ST. MARIES, ID 83861

FACILITY: ST MARIES, CITY OF - ST MARIES WWTP

LOCATION: HIGHWAY 3 (COEUR D'ALENE RESERVATION)

ST MARIES, ID 83861

ATTN: SHANE RANDALL, PUB WORKS DIR

DMR Mailing ZIP CODE: 83861

MINOR S
(SUBR 01) JUN 1 3 2016

External Outfall

Office of Compliance and Emorcement

PARAMETER		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Temperature, water deg. centigrade	SAMPLE MEASUREMENT	अंदे और मेंद्र मेंद्र मेंद्र मेंद्र	ste ste ste ste ste ste	ste ste ste ste ste ste	特殊的特殊的						
00010 1 0 Effluent Gross	PERMIT REQUIREMENT	tereterete	****	*****	nnnnn	Req. Mon. MO AVG	Req. Mon. DAILY MX	deg C		Weekly	GRAB
Oxygen, dissolved [DO]	SAMPLE MEASUREMENT	*****	de de di de de de	****			ste ste ste ste ste ste				
00300 1 0 Effluent Gross	PERMIT REQUIREMENT	the star the star the star	ste ste ste ste ste	de sie de de de de	Req. Mon. DAILY MN	Req. Mon. MO AVG	拉拉拉拉拉拉	mg/L		Monthly	GRAB
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT			IV-	वीर वीर वीर वीर वीर						
00310 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	物物物物物	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24
BOD, 5- day, 20 deg. C	SAMPLE MEASUREMENT		*****		nanna		ste ste ste ste ste				
00310 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	the star star star star	lb/d	*****	Req. Mon. MO AVG	ste ste ste ste ste ste	mg/L		Weekly	COMP24
Н	SAMPLE MEASUREMENT	र्वत की वीच की की की	per	period text de		*****					
00400 1 0 Effluent Gross	PERMIT REQUIREMENT	de de de de de de	de de de de de de	****	6.5 DAILY MN	****	8.5 DAILY MX	SU		Weekdays	GRAB
Alkalinity, total [as CaCO3]	SAMPLE MEASUREMENT	*****	****	ale ale ale ale ale ale	gle ste de de de de						
00410 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	在我我就放弃	the fire the fire the	विश्व की की की की की	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Solids, total suspended	SAMPLE MEASUREMENT				de de de de de de						
00530 1 0 Effluent Gross	PERMIT REQUIREMENT	500 MO AVG	751 WKLY AVG	lb/d	to the the the the	30 MO AVG	45 WKLY AVG	mg/L		Weekly	COMP24

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER | 1 certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified

personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true,

accurate, and complete, I am aware that there are significant penalties for submitting false

formation, including the possibility of fine and imprisonment for knowing violations.

NUMBER

TELEPHONE

208-245-2577

AREA Code

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR

AUTHORIZED AGENT

DATE

6/7/2016

MM/DD/YYYY

NATIONAL POLLUTANT DISCHARGE ELIMINATION SYSTEM (NPDES)

DISCHARGE MONITORING REPORT (DMR)

PERMIT NUMBER

MM/DD/YYYY

05/01/2016

ID0022799 001-A

MONITORING PERIOD

DISCHARGE NUMBER

MM/DD/YYYY

05/31/2016

MINOR (SUBR 01

JUN 1 3 2016

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Form Approved OMB No. 2040-0004

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U.S. ENO Discharge X Office of Compliance and Enforcement

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ATTN: SHANE RANDALL, PUB WORKS DIR

		QUANTITY OR LOADING			QUALITY OR CONCENTRATION				NO.	FREQUENCY	SAMPLE
PARAMETER		VALUE	VALUE	UNITS	VALUE	VALUE	VALUE	UNITS	EX	OF ANALYSIS	TYPE
Solids, total suspended	SAMPLE MEASUREMENT		****		ste ste ste ste ste ste		sterile sterile sterile				
00530 G 0 Raw Sewage Influent	PERMIT REQUIREMENT	Req. Mon. MO AVG	杂杂杂杂杂	lb/d	****	Req. Mon. MO AVG	查查查查查	mg/L		Weekly	COMP24
Nitrogen, ammonia total [as N]	SAMPLE MEASUREMENT	*****	我在我我我	*****	hankan .						
00610 1 0 Effluent Gross	PERMIT REQUIREMENT	****	为会会会会	****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Weekly	COMP24
Nitrogen, Kjeldahl, total [as N]	SAMPLE MEASUREMENT	nnann	的的政政政政	****	**********						
00625 1 0 Effluent Gross	PERMIT REQUIREMENT	非独称水水水	****	nanan	我我有我我我	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Nitrite plus nitrate dissolved 1 det.	SAMPLE MEASUREMENT	我我我我我	*****	*****	在我我的我的		Δ.				
00631 1 0 Effluent Gross	PERMIT REQUIREMENT	****	****	*****	****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Phosphorus, total [as P]	SAMPLE MEASUREMENT	ste de ste de de de	*****	****	存存存存存在						
00665 1 0 Effluent Gross	PERMIT REQUIREMENT	*****	有水水水水	*****	йнинин	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Monthly	COMP24
Hardness, total [as CaCO3]	SAMPLE MEASUREMENT	ste de de de de de	ste ste ste ste ste ste	*****	非物化物化						
00900 1 0 Effluent Gross	PERMIT REQUIREMENT	****	杂杂杂杂杂	****	*****	Req. Mon. MO AVG	Req. Mon. DAILY MX	mg/L		Once per 2 Months	COMP24
Phosphate, ortho [as P]	SAMPLE MEASUREMENT	ate ate ate ate ate ate	ste ste ste ste ste	र्थन प्रोत प्रोत प्रोत प्रोत प्रोत प्रोत	****						
04175 1 0 Effluent Gross	PERMIT REQUIREMENT	ale ale ale ale ale ale	ste ste ste ste ste ste	ste ste ste ste ste ste	hnhunk	Req. Mon, MO AVG	Req. Mon. DAILY MX	mg/L		Twice per Year	COMP24

NAME/TITLE PRINCIPAL EXECUTIVE OFFICER I certify under penalty of law that this document and all attachments were prepared under my TELEPHONE direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, 208-245-2577 accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT AREA Code

COMMENTS AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

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ID0022799 001-A PERMIT NUMBER DISCHARGE NUMBER MONITORING PERIOD

MM/DD/YYYY 05/01/2016

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Form Approved

OMB No. 2040-0004

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DMR Mailing ZIP CODE: MINOR

JUN 1 3 2016

External Outfall

(SUBR 01)

Office of Compliance and Enforcement

QUANTITY OR LOADING QUALITY OR CONCENTRATION FREQUENCY NO. SAMPLE OF ANALYSIS PARAMETER EX TYPE VALUE VALUE UNITS VALUE VALUE VALUE UNITS *** ***** ste ste ste ste ste ste E. coli, MTEC- MF SAMPLE de de de de de de de MEASUREMENT 31648 1 0 PERMIT ste ste ste ste ste ste necessa **** No the No the Street 126 406 #/100mL Five per GRAB REQUIREMENT **Effluent Gross** MO GEO **INST MAX** Month Flow, in conduit or thru SAMPLE ***** **** MEASUREMENT treatment plant 5005010 PERMIT **** the state of the state of ste ste de de de de de the street street street Reg. Mon. Reg. Mon. MGD Continuous Recorder REQUIREMENT Effluent Gross MO AVG DAILY MX (auto) Chlorine, total residual SAMPLE **** MEASUREMENT 50060 1 0 PERMIT 3.89 5.09 nnnnnn lb/d .233 .305 mg/L Five per Week GRAB REQUIREMENT Effluent Gross MO AVG DAILY MX MO AVG DAILY MX BOD, 5- day, percent removal SAMPLE ***** sic sic sic sic sic sic te the te the the th skin deskin de MEASUREMENT 81010 K O PERMIT stestestestesteste ste ste ste ste ste ste **** 85 ***** ale ale ale ale ale ale ale % Weekly CALCTD REQUIREMENT Percent Removal MINIMUM Solids, suspended percent SAMPLE ale ale ale ale ale ale ale nie nie nie nie nie nie MEASUREMENT removal

85

MINIMUM

81011 K O

Percent Removal

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REPRESE

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PERMIT

REQUIREMENT

destructive de